**Presepsin Summary**

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10 citations (13 notes) to 2 publications

**Diagnostic and prognostic value of presepsin in the management of sepsis in the emergency department: a multicenter prospective study**

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[Marco Ulla](http://science.report/author/marco-ulla/) [Elisa Pizzolato](http://science.report/author/elisa-pizzolato/) [Manuela Lucchiari](http://science.report/author/manuela-lucchiari/) [Maria Loiacono](http://science.report/author/maria-loiacono/) [Flavia Soardo](http://science.report/author/flavia-soardo/) [Daniela Forno](http://science.report/author/daniela-forno/) [Fulvio Morello](http://science.report/author/fulvio-morello/) [Enrico Lupia](http://science.report/author/enrico-lupia/) **Corrado Moiraghi** [Giulio Mengozzi](http://science.report/author/giulio-mengozzi/) [Stefania Battista](http://science.report/author/stefania-battista/)

* Presepsin appears to reveal significant diagnostic capacity to diagnose sepsis, severe sepsis and septic shock compared to procalcitonin (PCT) in patients presenting to the emergency department [11-14].
* Source: Bertsch et al. 2014 [Full text](http://dx.doi.org/10.1186/s13054-014-0507-z)
* During sepsis, increase of presepsin levels may be a more reliable marker, indicating an unfavorable outcome [3,4].

Source: [A Foca](http://science.report/author/a-foca/) et al. 2014 [Full text](http://dx.doi.org/10.1186/cc14053)

* One of them, called sCD14 subtype (sCD14-ST), or presepsin, is normally present in very low concentrations in the serum of healthy individuals and has been shown to be increased in response to bacterial infections [22].

Source: [Hua Wang](http://science.report/author/hua-wang/) et al. 2015 [Full text](http://dx.doi.org/10.1155/2015/792572)

* Conversely, one recently published study showed that PCT performed better as a diagnosis tool than presepsin in patients with suspected sepsis in the emergency room [7].

Source: [S Gibot](http://science.report/author/s-gibot/) et al. 2014 [Full text](http://dx.doi.org/10.1186/cc13723)

* Presepsin values at admission to the emergency department correlated with 60-day in-hospital mortality in patients with severe sepsis and septic shock [17].

Source: [Djillali Annane](http://science.report/author/djillali-annane/) et al. 2014 [Full text](http://dx.doi.org/10.1186/s13054-014-0578-x)

* In general, PSP did not correlate with the primary sites of bacteria, such as urinary tract, blood, lung, or oral [9].

Source: Kotera et al. 2014 [Full text](http://dx.doi.org/10.1186/s40560-014-0063-2)

* The diagnostic cutoff levels for sepsis varied among different studies, but most reports suggest approximate levels of 400–600 pg/ml [8,10].

Source: Yasuda et al. 2015 [Full text](http://dx.doi.org/10.1371/journal.pone.0129159)

* Moreover, some studies have reported that the measurement of presepsin levels is useful for predicting the prognosis of septic patients [10,13,14,15].

Source: Yasuda et al. 2015 [Full text](http://dx.doi.org/10.1371/journal.pone.0129159)

* In particular, in patients receiving HD, presepsin values were markedly high, at comparable levels to those of severe sepsis or septic shock [8,10].

Source: Yasuda et al. 2015

[Full text](http://dx.doi.org/10.1371/journal.pone.0129159) Thus, researches have reported that PCT non-clearance could also predict outcome of sepsis [13].

Source: [Dan Liu](http://science.report/author/dan-liu/) et al. 2015 [Full text](http://dx.doi.org/10.1371/journal.pone.0129450)